

MULTIPLE DEPENDENT  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-87)

APPLICANT(S)

09/389795

CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO.	OEP.	NO.	OEP.	NO.	OEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
19	/					
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL	4					
TOTAL	15					
19						

NO.	OEP.	NO.	OEP.	NO.	OEP.
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL NO.					
TOTAL OEP.					
TOTAL	15	15	15	15	15